

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



September 10, 1997

ALL-COUNTY INFORMATION NOTICE I-58-97

TO: ALL-COUNTY WELFARE DIRECTORS

Reason For This Transmittal

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☒ Initiated by CDSS

SUBJECT: RESPONSIBILITY OF COUNTY WELFARE DEPARTMENTS
TO AID ELIGIBLE RECIPIENTS IN OBTAINING ASSISTANCE DOG
SPECIAL ALLOWANCE PROGRAM BENEFITS

REFERENCE: W&I Code Sec. 12553
CDSS Eligibility and Assistance Standards Manual Sec. 46.430.6

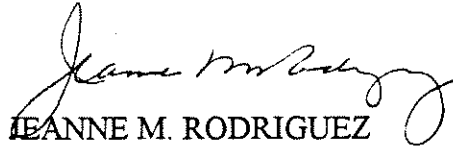
Under State law, the California Department of Social Services, through the Office of Services to the Blind, provides a special need allowance to blind or disabled recipients of Supplemental Security Income/State Supplementary Program (SSI/SSP) or In-Home Supportive Services (IHSS) and who use an assistance dog. The purpose of the \$50 monthly allowance is to pay for food and other costs associated with the dog's care and maintenance. "Assistance dog" means a guide, signal or service dog that has been trained by a professional service, signal or guide dog trainer to meet the blind or disabled person's specific needs.

Welfare and Institutions Code Section 12553(d) requires County Welfare Departments to assist eligible recipients in completing an application for the Assistance Dog Special Allowance Program.

This assistance may consist of identifying eligible beneficiaries, informing them about the Program and helping them, if necessary, in filling out the application form. Adult Services, IHSS and Protective Services personnel are in key positions to recognize and inform eligible recipients about the program.

Application shall be made on Form ADSA 1 (9/95) and sent to the California Department of Social Services, Assistance Dog Special Allowance Program, 744 P Street, M.S. 19-94, Sacramento, CA 95814. A camera-ready copy of the application form is enclosed.

Please contact Lynda Bardis, Chief, Office of Services to the Blind, at (916) 229-4048, if you have any questions concerning this program.

A handwritten signature in cursive script, appearing to read "Jeanne M. Rodriguez", is positioned above the printed name.

JEANNE M. RODRIGUEZ
Deputy Director
Office of Human Rights

Enclosure

**ASSISTANCE DOG SPECIAL ALLOWANCE
APPLICATION**

Department of Social Services
Assistance Dog Special Allowance (ADSA)
744 P Street, M.S. 19-94
Sacramento, CA 95814
Phone (916) 229-4048 V/TDD

1. Social Security Number: _____ Date: _____
2. Name: _____
3. Mailing Address: _____

4. Payee Address: _____

5. My area code & phone number: (_____) _____
6. I am receiving ☐ SSI/SSP (Supplemental Security Income/State
Supplementary Payment)
☐ IHSS (In-Home Supportive Services)
7. I am ☐ Blind ☐ Deaf/Hearing Impaired ☐ Disabled
8. I have a ☐ Guide dog ☐ Signal dog ☐ Service dog
9. My dog's name is _____ & I got him/her on _____ (date).
My dog was trained by the following school or professional dog trainer:

Their area code & phone number are:

(_____) _____

I declare under **penalty of perjury**, subject to prosecution as the crime of perjury under the Penal Code, that the information given on this application is true and correct. I understand that the school or professional dog trainer named above may be called to verify these statements and I hereby consent to this verification.

My Signature: _____

Name, signature & phone number of person who helped me fill out this form:

(Print Name) _____

(Sign Name) _____ (_____) _____

See reverse side

The law and regulations governing this action are:
Welfare & Institutions code Section 12553
State Welfare Manual Section 46-430

State law (Welfare and Institutions code Section 12553) authorizes the California Department of Social Services to collect and maintain the information on this form to administer the ADSA program. This information is used only to determine initial or continuing eligibility for this program; no further transfer of information is foreseen. The disclosure of your Social Security Number is required by Title 42 U.S. Code Section 405 and Welfare and Institutions code Section 12553.